11871

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

11867

			106
Reg.	Dist.	No	100

9	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
	COUNTY Charles MARYLAND	STATE Older land COUNTY Charles
27	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give nearest town)
20	OR end give nearest town) (in this plece)	DR IN COUNTRY INNIES, WITH KURAL and give nearest town)
٠,	X TOWN Indian Head I months	TOWN T
		I hal ion offer
	HOSPITAL OR	STREET (If rural giva location)
	INSTITUTION OR JENKINS LONE	ADDRESS SE CONTRACTOR SE
	STREET ADDRESS	Lane
	3. NAME OF (First) (Middle)	(Last) , DATE (Month) (Day) (Year)
	DECEASED 12 / 1 / P	OF.
	(Type or Print) DUTORCY CTVOLLY Dd	rlow DEATH DEC. 30 1055
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
	RACE WIDOWED, DIVORCED,	The state of the s
	tende white Specify wedowed Sept	-1) 1886 A Months Days Hours Min.
		12, 1006 9 yrs.
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT
	done during most of working life, even if OR INDUSTRY	COUNTRY?
	retired Housewife own Home	Rodnoice Virginia U.S.
н	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME_
		1 . 7
	Henry Llay Gravery	Etunie Turnzon
	IS. WAS DECEASED EVER ULU. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	I 17. INFORMANT & ADDRESS
- 1		Place B B 1.11 . + 10.11
	77-03-26	89 Findian Head. That.
	18 MEDICAL CERT	TIFICATION INTERVAL BETWEEN
-	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	1	
	LL 3/ X IMMEDIATE CAUSE (A) TC LOTE O	ly ocarditis Swilks.
	ANTECEDENT CAUSEIS) DUE TO	7
	VILLEGERAL CHARLES	
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE	
	STATING UNDERLYING CAUSE LAST. DUE TO	Pight Shoulder 1 2 months
	10 Frective	ight samples 1
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	Profesion Dad Carela Dis
	DISEASE OR CONDITION CAUSING DEATH.	I donly sis due to cerebral dyns.
	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY2
		YES NO IX
	DI. ACCIDENT MAS INDEDIVING EN DIAGONIA.	
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.)	1c. WHERE DID INJURY OCCUR? (City or town) (County) (State)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
	21d. TIME OF INJURY (Month) (Dey) (Yaer) (Hour) 21a, INJURY OCCURRED 2	PH. HOW DID INJURY OCCUR?
	While Not while	
	M. at work et work	
	22. I hereby certify that I attended the deceased from Nov	19.53, to DEC. 30, 1955, that I last saw the deceased
		19.22., to DES. 19.22., that I last saw the deceased
	alive on	140 D.M., from the causes and on the date stated above.
Σ	SIGNATURE	ADDRESS (Street, dly, town, stete) DATE SIGNED
10×	at a K la Pusan	[1 1 1 1 1 1 1 1 1 2 1 2 1 2 1 2 1 2 1
22	M.D.	Indian Head, old 12-30-55
Ξ.	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR C	CREMATORY LOCATION (City, town, or county) (Stata)
ŭ	REMOVAL (SPECIFY) 156 Odkwood	7 / 2 //
7	Buriel 1- 20 Oakwood	Kich mand lingual
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
	TANA 10EC h. A. A.	Apparent Apparent
	DATE IN 4 1900 / Mars Parce	
1	The state of the s	

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Maria Maria To our plug and

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12579

11872

Reg. Dist. No. / 0-0

-/	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
E	COUNTY Charles MARYLAND	STATE Md county Charles
1	CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)
	OR end give nearest town) (in this place)	OR TOWN TO POST
	Sanzece	Sie Larie
	HOSPITAL OR A I I	STREET (If rurel give location) ADDRESS
	STREET ADDRESS	Vancona
	3. NAME OF (First) (Middle)	(Lest) 4. DATE (Month) (Dey) (Yeer)
		OF (1997)
	(Type or Print) = 212 ABETH	SEKRY DEATH WILL 31 1955
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF	
	1- 1 Stactionale Oct 3	3 1874 81 yrs. Months Deys Hours Min.
		11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even # OR INDUSTRY retired)	Mary land
	13. FATHER'S NAME	"1_14. MOTHER'S MAIDEN NAME
	R. A.	mark to Com
	- storga Jerry	Tring rane a x
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
0	(Yes, no nor unk,) (If Yes, give wer or detes of service)	- William W/Jeny mas
1	18. MEDICAL CER	TIFICATION INTERVAL BETWEEN
y.	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
	492X IMMEDIATE CAUSE (A) Wern	ia 3days
	ANTECEDENT CAUSE(S) DUE TO	0 "1 11 122 Pe
	DISEASES OR CONDITIONS, IF ANY, (B)	acular westignacy I went
	GIVING RISE TO THE ABOVE CAUSE DUE TO	. 1
	STATING UNDERLYING CAUSE LAST. DUE TO	ands 2 weeks
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	
	TO THE DEATH BUT NOT RELATED TO THE	
	DISEASE OR CONDITION CAUSING DEATH.	20. AUTOPSY?
1	19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	YES NO N
1		
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (Stefe)
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	AN HOW OR BURNY DECIDA
	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR?
	M. et work at work	
	22. I hereby certify that I attended the deceased from 15 Dec	C, 19.55, to 3/ Dec., 19.55, that I last saw the deceased
	alive on 3/ New, 19 53 and that death occurred at.	10 2 36K, from the causes and on the date stated above.
-	SIGNATURE	ADDRESS (Street, city, town, stele) DATE SIGNED
2	7 M. Valer	da Flata, Kind 12-31-55
25	Tilli Denne M.D.	
Ġ	23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION TChy, lowar, or county) (Stele)
2	12-2-0 1-3-56 not ha	I Compley To Vala MA
3	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
>	AT ALCO DI REGISTRAR SIGNATURE	de to I i cla Milald selle
	DATE 1/4/56 Julia H. Vasen	Houphy ourse take pould the
1		

ALL SEGMITTAN DE LA CONTRACTOR DE HEALTH-MALTIMORE, LE

EUREAU V. S.

2 6 MAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE

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21

R DATE OF

DECE

MARYLAND LENGTH OF STAY

(In this place)

SOCIAL SECURITY NO.

21a. INJURY OCCURRED

at work

MAME OF CEMETERY OR CE Mt. Zion

Naves

and that death occurred at

at work

15. MEDICAL CERT

(Middle)

10b. KIND OF BUSINESS

OR INDUSTRY

Boy

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OF DEA	TH	11000
OF DEA		. Dist. No. 100
		, Dist 1404
2. USUAL RESIDEN	ICE (HOME) OF DEC	EASED
STATE Marvi	and county	S+t. Mary! -
CITY (If outside corpa OR	and COUNTY ;	give neerest town?
TOWAL	anicsville	18x-2
STREET ADDRESS	(If rural give	location)
ADDRESS		V
Last)	4. DATE (Month)	
kler	DEATH DE	EMBER 9 1955
	9. AGE lest birthdey	IF UNDER 1 YEAR 1 HUNDER 24 HRS.
WBER 4, 1955	O yes,	Months Days Hours Min.
BIRTHPLACE (State or forei	gn country)	12. CITIZEN OF WHAT
		U.S.A.
Maryland	NAME	I U - U - A -
The state of the s	tte Wood	
17. INFORMANT & A	ADDRESS	
Horace B	uckler Med	chanics
FICATION		INTERVAL BETWEEN
17 -		ONSET AND DEATH
HRREST		231m/N.
1 BOWEEK	-	75-11-12-12
J CEEK	7	
ACENTHE (MATERNA	
		1
Hanin-	77	20, AUTOPSY? YES NO
HBRUPTIO	? (City or town)	(County) (State)
	-	
HOW DID INJURY OCCUI	{ }	
,		
., 19.55 to 12	19 19 55	, that I last saw the deceased
D.M. from the c	auses and on the dat	te stated above.
ADDI	Teman Tanger Cutt tourit	DATE SIGNED
Hughe	LOCATION (City/town,	id. 12/9/55
EMATORY /	T .	or county) (State)
	Oraville,	Maryland
25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS

Jos. C. Mattingley Leonardtown, Md.

MARY TAKES STATE DEPARTMENT OF REALTH-CALTERORS, (II CERTIFICATE OF DEATH. ANT DESCRIPTION OF THE West and Sale business at BURL DI To District Agg 2 ug live at reason theory - to front active! R .V UAT 950 13 1955 Hugh at 12/00/21

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No contract the land the land to be less than the land of the land

MARYLAND STATE DEPARTMENT OF HEALTH

11874

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

			100
Reg.	Dist.	No.	100

	***************************************	***************************************
1. PLACE OF DEATH COUNTY MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Chas
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place)	CITY (If outside corporate lights, write RURAL and give OR	nearest town)
HOSPITAL OR	STREET (Hebral, give location)	
INSTITUTION OR STREET ADDRESS	STREET (II Arral, give location)	
3. NAME OF DECEASED (Type or Print) Three Middle) (Type or Print)	ARROLL OF DEATH 12	(Day) (Year) 24 1915
6. COLOR OR RACE 7. SINGLE, MARRIED, DIVORCED, (Specify)	8. DATE OF BIRTH 9. AGE last birthday If under Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work lob. Kind of Business on done during most of working life, even if retired) INDUSTRY		CITIZEN OF WHAT
13. FATHER'S MANY Claringe Franklin	14. MOTHER'S MANDEN NAME CHE	well
15. WAS DECRASED EVEN IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yas, no, or maknown) (If yee, give war or dates of service)	17. INFORMANT AND ADDRESS	
/ 18. MEDICAL CEI	RTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
1191X ///	Murionis 1	7 7 7 4 1
Immediate cause (a)	I wow	27.244
Antecedent cause(s)		1913
Diseases or conditions, if any, (b)	\$	1700
giving rise to the above cause stating the underlying cause last		
n. Other significant conditions		1
Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
		Yes [] No Pi
21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY m. While at Not while work at work		
22. I certify that I took charge of the remains described above, held an A obtained by said Autopsy, Inspection or Inquiry, find that said deceders from: natural causes of accident , suicide , homicide , SIGNATORE	used died on the dry stated above, and death in my	from the evidence opinion resulted DATE SIGNED
1 gourn 10	my reversed 11	040)
23. BURIAL CREMATION DATE THEREOR NAME OF CEMETER SMUVAB (Specify) 12 /25/S5 Deld	TRY OR CREMATORY LOCATION (City, town, or count	y) (State)
DATE REC'D, BY LOCAL REGISTRAR'S SIGNATURE	24 JUNERAL DIRECTOR	ADDRESS
125/58 1 no 0 H. 10.0	1 Des Carealle Genton	ma

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and legibly.

MARCIN RESERVED FOR BINDING



Julio Noun Min Hills Posing

• ATTENDING PHYSICIAN OR MOSPITAL: The law requires that the death certificate be executed within-24-hours after death. The bottom copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11875 CERTIFICATE OF DEATH

MARYLAND STATE DEPARTMENT OF H	1187
11875 CERTIFICATE OF	DEATH Reg. Dist. No. 10
	L RESIDENCE (HOME) OF DECEASED
COUNTY CHARLES MARYLAND STATE CITY (If outside corporate fimits, write RURAL LENGTH OF STAY CITY	Marskand county Charles
OR end give nearest town) (in this plece) OR	(I outside corporate limits, write RURAL and give nearest town) Rural - Spring Hill
HOSPITAL OR STREET	Rural - Spring Hill (If rural give location)
INSTITUTION OR ADDRESS ADDRESS	is
3. NAME OF (First) (Middle) (Lest) DECRASED (Type or Print) DANIAL THOMAS COLE	4. DATE (Month) (Dey) OF DEATH DEC. 3
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH	1 9. AGE last birthdey IF UNDER 1 YEAR IF UN
Male Colored Specify Married, 2 SEPT 18	744 /// yrs. Months Days Ho
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY	E (State or foreign country) 12. CITIZEN OF
rollied) FARMER MAK	TLAIND US;
13. FATHER'S NAME COLE 14. MOTE	Emily Jenniter
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN (Yes, no. or unk.) [If Yes, give wer or dates of service]	FORMANT & ADDRESS
FINO HOME	vite- annie Cole.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL ONSET AN
490 X IMMEDIATE CAUSE (A) Respiratory fait	une 5m
DISEASES OR CONDITIONS, IF ANY, (B) PREUMONIA, Loba	2 40
DISEASES OR CONDITIONS, IF ANY, (B) TICLUMIUM FU, LOGO GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	Sac
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	nonis. Ula
TO THE DEATH BUT NOT RELATED TO THE DISFASE OF CONDITION CAUSING DEATH.	
198. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUT
21s. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, 21c. WHERE DID	INJURY OCCUR? (City or town) (County) (5
21s. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.) [If EITHER, NOTIFY MEDICAL EXAMINER] 21b. PLACE (Home, farm, factory, OF INJURY street, office bidg., etc.)	INJURY OCCUR? (City or town) (County) (5
White Not white	INJURY OCCUR?
M. et work lat work	2.70.
22. I hereby certify that I attended the deceased from September, 19.55	, to 5 Melanta 19.53 , that I last saw the
alive on 3 Decestration, 19 55 and that death occurred at 7:30 p. M.	, from the causes and on the date stated above. ADDRESS (Street, city, town, stete) DATE
Sowood M.D.	haplata. Ud. 4De
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)
Buriel 12-6-55 St Marys	newport 1
24. REC'D BY REGISTRAR ATGISTRAR'S SIGNATURE	ADDRESS ADDRESS
17/2-100	

ALASTEAND STATE CEPANTIAGHT OF HEALTH-BASTINGSE-15 MEASURO STADISTANT STREET, STREET

PART AND REPORT OF THE PARTY.

SSST & OPE

hours after death.

11876

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MINC 1-55 10M

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11871

CERTIFICATE OF DEATH

100 Reg. Dist. No...

I PEACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DECE	USED
COUNTY CHARLES	WARYLAND	STATE Mary	kind COUNTY C	harlen.
CITY (II outsida corporate limits, write RURAL	LENGTH OF STAY	CITY (If outside com	orate limits, write RURAL and give	neerest lown)
OR and give nearest lowin) Y TOWN A TOWN A TOWN	(in this place)	TOWN Rucal		211
HOSPITAL OR	at Har Detail	STREET	(If rural give loce	tions
HOSPITAL OR PHYSICIANS MEMORY STREET ADDRESS	ALMOS PITAL	ADDRESS	(il total give total	/
3. HAME OF (First)	Aiddle)	(Lasi)	4. DATE (Month)	(Day) (Year)
DECEARED		PHER	OF The	4- 71
(Type or Print) Albert H.		PHER	DEATH DEC	1955
S. SEX , 6. COLOR OR 7. SINGLE, MARRIE		OF BIRTH	9. AGE last birthday If U	NDER 1 YEAR JIF UNDER 24 HRS.
Male CB-US (Specify) (U)	initil .	rch 9 1972	83 yrs. Mon	ths Days Hours Min.
10a, USUAL OCCUPATION (Give kind of work 10b, KINI	OF BUSINESS	11. BIRTHPLACE (State or for		1 12. CITIZEN OF WHAT
done during most of working life, even if OR	INDUSTRY		- "	COUNTRY?
farmer		Marylan	đ	IISA
13. FATHER'S NAME		14. MOTHER'S MAIDEN		- ALVI
William Copher		Lucy		
	SOCIAL SECURITY NO.	17. INFORMANT &	ADDRESS	_
(Yes, no, or unk.) (If Yes, give war or datas of service)			Mrs. Helen Hay	len
- 1			Dahlgren, Va	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CE	RTIFICATION		INTERVAL BETWEEN
1 DISTASTS OR CONDITIONS DIRECTED LEADING TO DOWN		P. 10		ONSET AND DEATH
1442 X IMMEDIATE CAUSE (A)	speratory	Collague		15 may
DISEASES OR CONDITIONS, IF ANY, (B)	11100000			10 days.
GIVING PISE TO THE ABOVE CALLSE			4	7000
STATING UNDERLYING CAUSE LAST. DUE TO	ile artero	odersis vit	heart & lidreyde	ince Yylan
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH				
190. DATE OF OPERATION 196. MAJOR FINDINGS (F OPERATION			20. AUTOPSY? YES NO
21a. ACCIDENT WAS UNDERLYING [] 21b. PLACE (Home	form feetows	21. WHERE DID INTHIBY OF	10.3	
OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, of	fica bldg., etc.)	21c. WHERE DID INJURY OCC	JK r (Ciry of rown)	(County) (State)
	INJURY OCCURRED	21f. HOW DID INJURY OCC	JR?	
While M. at wo				
22. I hereby certify that I attended the decea.	sed from Jule	1049 114	1)20 1055	
		, 19. T. J, to		at I last saw the deceased
alive on 13 Dec 1955 and	that death occurred a	the M, from the	causes and on the date :	stated above.
SIGNATURE		ADI	RESS (Straet, city, town, stat.	
Moodey	M.D.	Lathata		13Doess
23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY OF	CREMATORY	LOCATION (City, town, or c	ounty] * (State)
Pengyal (SPECIFY) 12/15/55	Toplay &	That	Descre	mol
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	V	25. FUNERAL DIRECTOR'S	SIGNATURE	CADDRESS
- 19/12/cs tolin Her	alu	110h +1	11/	KALTE SIL
DATE / 2/15/55 / / / / / / / / / / / / / / / / /		and I'm	Many 1	The man men

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TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

1. PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11872

CERTIFICATE OF DEATH 11877

Reg. Dist. No. 100

2. USUAL RESIDENCE (HOME) OF DECEASED

	Charles	MARYLAND	STATE Maryl	and county Cha	arles
	CITY (If outside corporate limits, write RURAL OR and give necrest town)	LENGTH OF STAY (in this place)	OR .	parete limits, write RURAL and giv	ve negrest town)
	X TOWN La Plata		TOWN Be	1 Alton	
	HOSPITAL OR INSTITUTION OR STREET ADDRESS Physicians Memo	rial Hospital	STREET ADDRESS	(If ruref give loca	etion)
	3. NAME OF (First)	(Middle)	(Lest)	4. DATE (Month)	(Dey) (Yeer)
	DECEASED (Type or Print)	DOI	PSEY	OF DEATH /2	14 5,5
	5, SEX 6. COLOR OR 7. SINGLE, MA RACE WIDOWED, (Specify)	DIVORCED	OF BIRTH - 1 C -5-5	9. AGE lest birthdey IF L Mor	UNDER 1 YEAR IF UNDER 24 HRS. This Days Hours Min.
	10e, USUAL OCCUPATION (Give kind of work 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or for		12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN		
	T-1 P P		77.1.7		1.0
	John Eugene Dorsey 15. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	1 Estel	le Henrietta Ha	awkins
	(Yes, no, or unk.) (# Yes, give wer or deles of service)	IV. BOCIAL BECOKIT NO.	John	Dorsey	
			Bel /	lton Maryland	
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	16. MEDICAL CE	RTIFICATION	, v	INTERVAL BETWEEN ONSET AND DEATH
	**** A	Para	- Varantu		3 days.
	IMMEDIATE CAUSE (A)	1,000	- Coloreday		
	ANTECEDENT CAUSE(S) DUE TO				
	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO		, , , , , , , , , , , , , , , , , , , ,		
	(C)				
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
	196. DATE OF OPERATION 196. MAJOR FINDING	S OF OPERATION			20. AUTOPSY?
					YES NO
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street (IF EITHER, NOTIFY MEDICAL EXAMINER)	ome, ferm, fectory, t, office bldg., etc.)	21c. WHERE DID INJURY OCC	UR? (City or town)	(County) (State)
	V	to, INJURY OCCURRED Thile Not while the work to the text to the t	21f, HOW DID INJURY OCC	UR?	
	22. I hereby certify that ! attended the dec	eased from 12-10	19. 53, 10	2-14,195,11	hat I last saw the deceased
	alive on / 2 - / 3 , 19 5 5 , a	nd that death occurred a	War market	causes and on the date	
₩O.	SIGNATURE			ORESS (Street, city, town, stel	
	Im lelance	M.D.	du Pil	ata, noly	12-14-55
1.55	23. BURIAL, CREMATION, DATE THEREOF	NAME OF CEMETERY O	R CREMATORY	LOCATION (City, lown, or o	county) (State)
A15C	REMOVAL (SPECIFY) 1/2//5/cs	no. To	T 4 /2 4	Ah	Will med
× ×	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	RE O	25. FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS
^	DATE 12/15/55 Quelia 7	Haran	John E.	During Be	callon me
			T T		



CERTIFICATE OF DEATH 11878

the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

24 beurs after death.

TO ATTINDING PHYDICIAN OR HOSPITAL: The law requires that the death certificate be executed within The bottom copy may be retained by the hospital or attending physician.

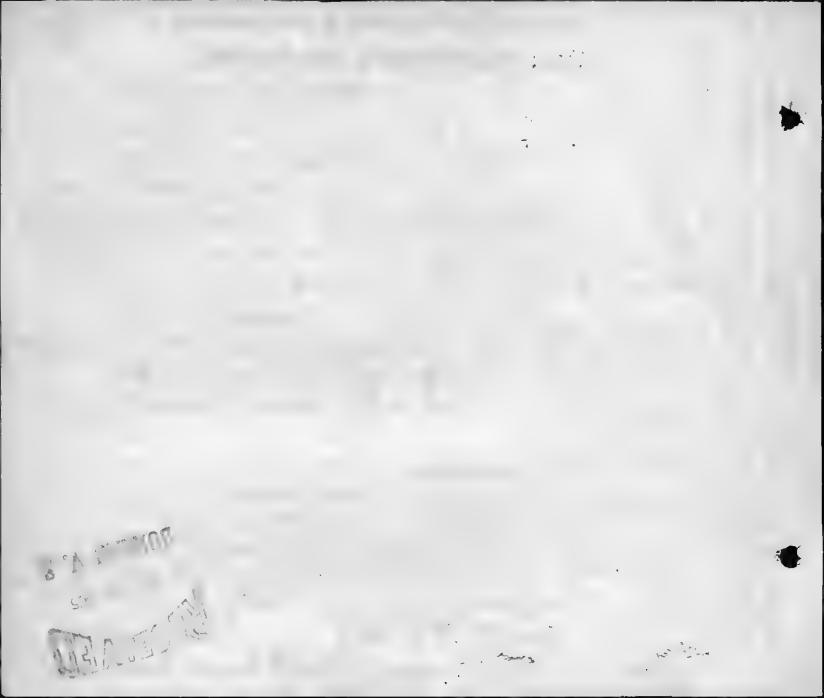
NSTRUCTIONS

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with certificate has been executed by the attending physician and completely filled death certificate assembly should be detached for use as a burial transit permit.

Reg. Dist. No. 100

11873

1. PLACE OF DEATH		2. USUAL RESIDEN	E (HOME) OF DECE	(SED
COUNTY CARSEE	MARYLAND	STATE MA	COUNTY C	Hadler.
CITY (If outside corporate limits, write RURAL	LENGTH OF STAY		te limits, write RURAL end giv	e neerest town)
OR and give nearest towel	(in this place)	OR TOWN 7/	12 " 7 - :	د
nastate.		STREET	(/ectorell	X
HOSPITAL OR INSTITUTION OR I	, 11 .	ADDRESS	(If rural give loca	non)
STREET ADDRESS PENDLESS Mes	mand Hotale	Sal.		
3. NAME OF // (First)	(Middle)	(Lesi)	4. DATE (Month)	(Dey) (Year)
(Type or Print)	AUBREY F	ORD	DEATH /7 -	- 19 -
7 - 10-2	RRIED, 18. DATE	OF WINTH	14	195 S
RACE WIDOWED,	DIVORCED.	OF SIRTH	Mon	
/// (Specify)- <	3-	15-55	yrs. G	11000
	KIND OF BUSINESS	11. BIRTHPLACE (State or foreign	country)	12. CITIZEN OF WHAT
done during most of working life, even if	OR INDUSTRY	me		COUNTRY
FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
TATHER STORMS	7 1	14. MOTHER'S MAIDEN N		. j
orames Willes	n tard	Care Co	celin m	alle
S. WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT & AL	DRESS	9
Yes, no, or unk.) (If Yes, give wer or detes of service)	THE PERSON NAMED AND POST	Th	(1) . Face	7,+11,7
	18, MEDICAL CE	PTIEICATION	The factor	INTERVAL BETWEEN
DISEASES OR CONDITIONS DIRECTLY LEADING TO DEAT	TH , //	t and a second	1 /	ONSET AND DEATH
· *** · *** · · · · · · · · · · · · · ·	de Bulletial	in and vo	racelar cotte	faco 2 days
IMMEDIATE CAUSE (A)	econfirmen	Cy Company	11 6	- /
ANTECEDENT CAUSE(S) DUE TO	0-11-17:	- la . O . at	11 1/10.	1 meek
DISEASES OR CONDITIONS, IF ANY, (B)	-autur	o princed	y vous	
STATING UNDERLYING CAUSE LAST, DUE TO			/	
I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING				
TO THE DEATH BUT NOT RELATED TO THE				
DISEASE OR CONDITION CAUSING DEATH.				
90. DATE OF OPERATION 196. MAJOR FINDING	GS OF OPERATION			2D. AUTOPSY?
A CIDENT SALE HADERANIA TO 1 AND BARGE ALL		At Littlene Air In think Addition	(4)	YES NO
OR CONTRIBUTING 🗌 CAUSE OF DEATH OF INJURY street	ome, ferm, fectory, et, office bldg., etc.)	21c. WHERE DID INJURY OCCURT	(City or fown)	(County) (State)
F EITHER, NOTIFY MEDICAL EXAMINER)				
	Te, INJURY OCCURRED While Not while	21f. HOW DID INJURY OCCUR		
	t work et work			
2. I hereby certify that I attended the de-	ceased from 16 Suc	- 1958 10 191	19 5 5 1h	at I last saw the decease
alive on 18 1955, a	ad that death account a	200/11 hand		dated above
SIGNATURE	nd mai dean occurred a	ADDR	uses and on the date : ESS (Street, city, town, stell	STATE ADOVE. DATE SIGNE
2 000 0 1		La pu -	(0.100.) (0.7) 10 3101	12-19-55
Til puns	M.D.	No real	a	, , , , , , , , , , , , , , , , , , , ,
23. BURIAL, CREMATION, PATE THEREOF	NAME OF CEMETERY OF	CKEMATORY	LECATION (City, Iown, or c	ounty) (Stete)
Durine 12-21-53	5 Holy 14	n P	Yszoe	Max
4. REC'D BY REGISTRAR REGISTRAR'S SIGNATU	IRE	25. FUNERAL DIRECTOR'S S	GNATURE	ADDRESS A
12/21/200 10: 7/	Wasal	166 #7	- 111/	walder
DATE 107 1/155 HULLA 164	Jasen	Trous -	minel More	12



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DEC 88 1952

VS. A15A - 5 - 53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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11879 Reg. Dist.

MEDICAL EXAMINER'S CER	TIFICATE OF DEATH No. 100
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED/
country Charles MARYLAND	STATE M& COUNTY Charles
CITY (If outside corporate limits, write RURAL OR and give hearest town) TOWN (in this place)	CITY (If quiside corporate limits write RURAL and give nearest town) OR TOWN (hill
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET (If rural, give location) ADDRESS
3. NAME OF (First) DECEASED: (Type or Print) CARCLING RECED TO	Last) 4. DATE (Month) (Day) (Year) OF DEATH /2 /6 19 5
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED, (Specify):	14-50 5 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of tob. KIND OF BUSINESS OF work done during most of work life, INDUSTRY:	R II. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHA
13 FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY No.: (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS: While Plans
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:	AL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) DUE TO	7 - 1 9 - 1 9 - 1
Antecedent cause(s)	
Diseases or conditions, if any, (b)	
giving rise to the above cause DUE TO stating underlying cause last (c)	
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes □ No □
PRIMARY Tor CONTRIBUTING OF Street, office bldg., etc. INJURY	,
21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED While at Not while at work	211. HOW DID INJURY OCCUR?
	bed above, held an Autopsy [], Inspection [], Inquiry [], and
signature	dent ☑, Suicide ☐, Homicide ☐, Undetermined cause ☐ CHIEF MEDICAL EXAMINER ☐ DATE SIGNED
fledelen 1	M. D. ASSISTANT MEDICAL EXAMINER
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETER REMOVAL (Specify): 12-19-55	S Cemetry Waldows Ma
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS

DEC SS 10CC

EUREAU V. S.

24. FUNERAL DIRECTOR

ADDRESS

Walde

deria

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

DEC - 1955

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NSTRUCTIONS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11887 CERTIFICATE OF DEATH

11882

	Keg. Dist. Ro
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY Charles MARYLAND	STATE Tel. COUNTY Charles
CITY (If outside corporate limits, write RURAL / LENGTH OF STAY	CITY (If outside corporeta limits, write RURAL end give nearast town)
TOWN TO UN CUKEL DE 150 CO	S TOWN Pomonks
HOSPITAL OR	STREET (If rurel give location)
INSTITUTION OR STREET ADDRESS R-R-1-Box 97 Inche	GC ADDRESS
3. NAME OF (First) (Middle) DECEASED	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Annie Oldrie	King DEATH DEC 1 1955
PACE WIDOWED DIVORCED	9. AGE last birthday IF UNDER 1 YEAR IF UNDER 24 HR
F Col (Specify) Wedowid TE	8-24, 1870 85 yrs. Months Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during pict of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
retirad) - House fe Cwn Hone	Homonkey old. U.J.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
wanto Campbell	Ann Older
S. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unk.] [II Yes, give wer or dates of service]	17. INFORMANT & ADDRESS
(if tes, give wer or dates or service)	BESSIE King, Commercy, Old.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ERTIFICATION ONSET AND DEATH
Cachu	Hemorphae Zwiks
IMMEDIATE CAUSE (A)	AT ON OVER A DE
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	insion turns t
GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	*
[C]	
TO THE DEATH BUT NOT RELATED TO THE	ne_
DISEASE OR CONDITION CAUSING DEATH.	
198, DATE OF OPERATION 198, MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
1a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory,	21c. WHERE DID INJURY OCCUR? (City or lown) (County) (Stata)
R CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., atc.) FEITHER, NOTIFY MEDICAL EXAMINER)	
1d. TIME OF INJURY (Month) (Dey) (Yaar) (Hour) 21a, INJURY OCCURRED While 'Not white	211. HOW DID INJURY OCCUR?
M, at work at work	
22. I hereby certify that I attended the deceased from	19.55, to 12.55, that I last saw the deceased
alive on	at
SIGNATURE (1)	ADDRESS (Street, city, town, slate) DATE SIGNET
frent le Dus aumo.	Indical+seel. Old 12-2-55
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY C	OR CREMATORY LOCATION (City, town, or county) (State)
Buriel 12-6-55 St. Charle	's Catholic olyment old.
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 12-5-55 M. E. Rancome, A. S. R.	Barnes & matthews 614-4" 86 5.11

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PARES



 the registrar within 72 hours after death. After this in by the funeral director, the third copy of this

TO FUNERAL DIRECTOR: I'm we requires that the death pertificate be filled with marrificate has been executed by the attending physician and completely filled death certificate assembly about the directed for use as a limit transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

11890 CERTIFICATE OF DEATH

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, w _ /			Reg. Dist	. No. / OD
1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASE	0
COUNTY MICTURE	MARYLAND	STATE , CER	COUNTY C/24	etis 1
CITY (If outside corporate limits, write RURAL OR and give nearest-town)	LENGTH OF STAY	CITY (If outside comforața fin	ils, write RURAL and give nee	rast town)
TOWN LUCKERY	(In this place)	TOWN E, a	(dos)	,
HOSPITAL OR INSTITUTION OR C'	i)	STREET ADDRESS	(li rural give location)	•
3. NAME OF (First) (N DECEASED (Type or Print) ELLC N ELIZABETH (NE)	Lic Schuler	Clost) CRA+H	OF DEATH 17	(Day) (Yaar) 27 19.5
5. SEX 6. COLOR OR 7. SINGLE, MARRIED WIDOWED, DIVO (Specify)	ORCED, 8. DATE O	F BIRTH 9. AC	GE last birthday IF UNDER Months	The same of the sa
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even to chiefly (Control of the control of the cont	OF BUSINESS INDUSTRY	11. BIRTHPLACE (State or foreign could CX ING toN		CITIZEN OF WHAT
ALBORT SCHULE	e R	14. MOTHER'S MAIDEN NAME	HAMIL	toN
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) 5	SOCIAL SECURITY NO. 17-09-59	12 MRS EM	il Keli	LER
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	18. MEDICAL CER	TIFICATION		INTERVAL BETWEEN
MAMEDIATE CAUSE (A)	DOEN D.	LATATION E	F HEAR+	12-27-5
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	teumati	c HeAR+	DisCASE	1948-50
(C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH,				
19a. DATE OF OPERATION 19b. MAJOR FINDINGS O	F OPERATION			20. AUTOPSY?
				YES NO Z
21a. ACCIDENT WAS UNDERLYING [21b. PLACE (Home, OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	fice bldg., atc.)	Tie. WHERE DID INJURY OCCUR? (Ci	ly or town) (Coun	ty) (State)
21d. TIME OF INJURY [Month) (Day) (Year) (Hour) 21e, 1 While M. at wor	Not while	211. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceas	ed from 1949	19 to / 2 - 7-	7 19 J J that I	last saw the deceas
alive on, 1913, and I		M, from the causes		
23. BURIAL, CREMATION, DATE THEREOF REMOVAL (SPECIFY) 12-29-55	Holy Road	CREMATORY LOC	ATION (City, sown, or county	S C (State)
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	1 Jugar	25. FUNERAL DIRECTOR'S SIGNA	TURE	ADDRESS/action



MARYLAND STATE DEPARTMENT OF HEALTH 11891 CERTIFICATE OF DEATH

	corre	FOR MEDICAL EXAMINERS Reg. Dist. No.	100
- tim	The	1. PLACE OF DEATH COUNTY MARYLAND 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY	Chalce
(and y.	CITY (If outside corporate limits, write RURAL and give OR give nearest, town) (in this place) TOWN TOWN	nearest town)
	n car	HOSPITAL OR (If rural, give location) INSTITUTION OR STREET ADDRESS (If rural, give location)	1
	of information carein death classly and legib	3. NAME OF DECEASED (Middle) Control (Middle) (Month) OF	(Day) (Year)
P 84	f infor ath cli	6. SEX 6. COLOR OR RACE 7. SINGLE, MARRIED, WIDOWED, DIVORCED, General Specific Spec	Days Hours Min
I	of de		COUNTRY! U.S
/	ăi 📗	16. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS	PISER
FOR	oly e	(If yos, five war or dates of service) 18. MEDICAL CERTIFICATION	
RVED	Sup e writ	I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEE
RESERVED	INK	47/X Immediate cause (a) 2KONCHO-TNCVMON; A Antecedent cause(s)	1-2-4L
	<u>උට</u> න	Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last	, and then then the manageric product and the supplication of the
MARGIN	NFAI Plys	(c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not	
	H U a∎t.	related to the disease or condition causing death. 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSYT
	WITH		Yes No
	Y. W	21. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING OF office bldg., etc.) CAUSE OF DEATH. CAUSE OF DEATH. COUNTY) (COUNTY)	(STATE)
8	PLAINLY. s ■pecially i	TIME (Month) (Day) (Year) (Hour) INJURY OCCURRED While at Not while INJURY ork I at work	
	E PL is ■	22. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry thereon and for obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my of	rom the evidence opinion resulted
	WRIT	from: (natural causes accident suicide homicide , undetermined SIGNATURE (Degree ortitle) - ADDRESS	DATE SIGNED
P _S	ASE V	21. BURIAL CHEMATION DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county	y) (State)
S. A1(PLE/	DATE REC'D BY LOCAL BEGISTNAR'S SIGNATURE 24. FUNERAL DIRECTOR	ADDRESS



하라 하: MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 death. After ird copy of 11887 CERTIFICATE OF DEATH Reg. Dist. No. hours after dea 1. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED harles COUNTY MARYLAND STATE COUNTY 72 hours (If outside corporate limits, write RURAL LENGTH OF STAY CITY (If outside corporate fimils, write RURAL and give nearest town) OR end give nearest town) (in Jhis place) Marbur TOWN 30405 TOWN 16,5400 STREET HOSPITAL OR (Il furel give location) INSTITUTION OR ADDRESS within STREET ADDRESS 3. NAME OF (Middle) (Lest) (Month) (Day) DATE (Year) DECEASED registrar by the f (Type or Print) DEATH 6. COLOR OR SINGLE, MARRIED DATE OF BIRTH 9. AGE lest birthdev IF UNDER 1 YEAR IF UNDER 24 HRS RACE WIDOWED, DIVORCED Days Hours Months (Specify) Widow Id £ .5 10s. USUAL OCCUPATION (Give kind of work KIND OF BUSINESS CITIZEN OF WHAT #iiw filed COUNTRY? done during/most of working life, even if OR INDUSTRY Ousswi. 13. FATHER'S NAME filed completely physician. 15. MAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. VEORMAN & ADDRESS certificate (If Yes, give wer or dates of service) (Yes, no, or unk.) Juddun and INTERVAL BETWEEN be retained by the hospital or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH ONSET AND DEATH physician 31 X IMMEDIATE CAUSE (A) use DUE TO ANTECEDENT CAUSE(S) The law requires that the sted by the attending phy DISEASES OR CONDITIONS, IF ANY, attending p GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO detached II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. þe 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY YES NO plnous 210. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, lectory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (County) (Stete) executed OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) TO FUNERAL DIRECTOR: 21d. TIME OF INJURY (Month) (Day) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? certificate assembly (Yeer) (Hour) While Not while al work et work The bottom copy may 1955 that I last saw the deceased 22. I hereby certify that I attended the deceased from Nov. has ADDRESS (Street, city, town, stete) SIGNATURE 10.A certificate ano an death o PATE THEREOF NAME OF CEMETERY OR CREMATORY 23. BURIAL, CREMATION. LOCATION (City, town, or county) (Stete) A15C REMOVAL (SPECIFY) REC'D BY REGISTRAR REGISTRAR'S SIGNATURE **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS

Fine terry - 1 tops of Character

7: A: C

EST:

MARGIN RESERVED FOR BINDING	PLEASE WRITE FLAINLY, WITH UNFADING INK. Supply every item of	is especially important. Physicians: please write the ruses of
	PLEASE WI	age

VS. A15A - 5 - 53

11893	388
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dh	it.
MEDICAL EXAMINER'S CERTIFICATE OF DEATH No	90
1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED;	
COUNTY WARYLAND STATE MIL COUNTY Christes	
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give nearest town)	est town)
X TOWN Walder (roral tran TOWN Carcobeck).	X
HOSPITAL OR STREET (If rural, give location) ADDRESS	
57 STREET ADDRESS	, J
3. NAME OF (First) (Middle) (Last) (Last) (Month) (Day) (Year OF	·
(Type or Print) 7 77 L 1 DEATH 12 ,3 19	UU
5. SEX; 6. COLOR OR 7. SINGLE, MARRIED, 8. BATE OF BIRTH; WIDOWED, DIVORCED, 8. DATE OF BIRTH; Months Days Hour	
(Specify): / / / / / / / / / / / / / / / / / /	OF WHAT
work done during most of work life, INDUSTRY:	
13. FATHER'S NAME:	
Fernand Richell Marie Wilson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES 7 16. SOCIAL SECURITY NO.: 17. INFORMANT & ADDRESS:	L
(11 126, give war of dates of 218-34-7406) Thurley luckett 722.16	, ,
18. MEDICAL CERTIFICATION	Between
I I DISEASES OF CONDITIONS DIRECTLY LEADING TO DEATH.	ND DEATH
Immediate cause (a) FRITC SKVLL (12-3)	-1"1"
Antecedent cause(s) Diseases or conditions, if any, (b) Antecedent cause(s) Antecedent cause(s) Antecedent cause(s) Antecedent cause(s)	
giving rise to the above cause DUE TO	
stating underlying cause last (c) CAH OVERTVRNCD IN CRECK	
TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	-3105
19a. DATE OF OPERATION: 19b. MAJOR FINDING OF OPERATION:	
	O No B
PRIMARY or CONTRIBUTING OF street, office bldg., etc., CAUSE OF DEATH. INJURY OF STREET, OF	201
21d. TIME (Month) (Day) (Year) (Hour) Je, INJURY OCCURRED / 21f. HOW DID INJURY OCCUR? OF INJURY / 3 Work at work A Company of the August A	
22. I hereby certify that I took charge of the remains described above, held an Autopsy [], Inspection [], Inquiry	, and
find that death resulted from: Natural causes [], Accident [], Suicide [], Homicide [], Undetermined continued to the continued of the continu	the state of the s
DEPUTY MEDICAL EXAMINER	SIGNED
23. BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county)	UNI
REMOVAL (Specify) : 1 / / / / / / / / / / / / / / / / / /	(Stota)
12 12 12 12 12 12 12 12 12 12 12 12 12 1	(State)
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADI	(State)

BUREAU V. S.

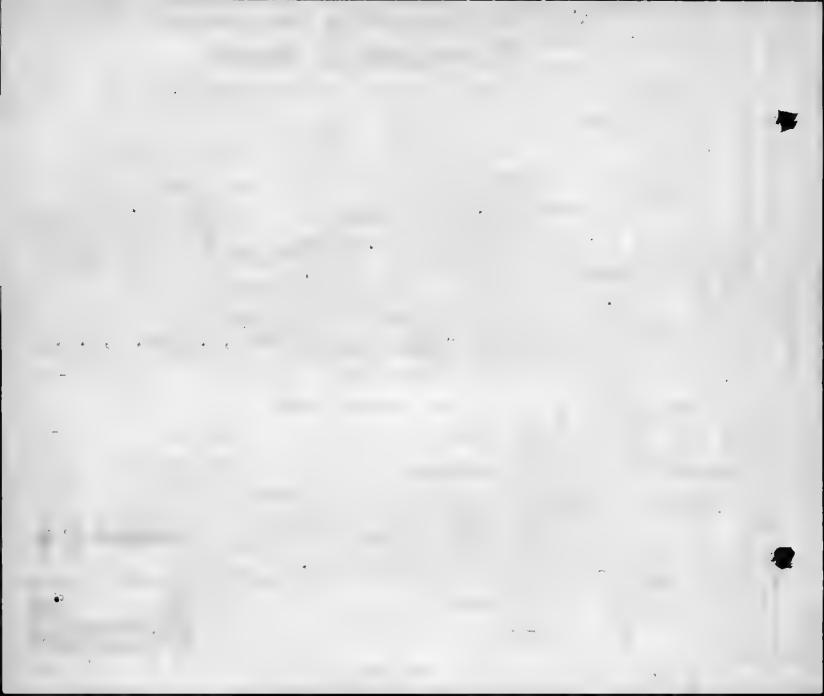
DECEIVED

Item 21 Film G190;12-20-55 ams CERTIFICATE OF DEATH

11894

Reg. Dist. No. 100

=======================================	1. PLACE OF BEATH				Z. USUAL RESIL	PENCE (NOME) OF L	ECEABED	
Nours affector, the f	COUNTY Charles		MARYL	AND			Charles	
or,	CITY (If outside corporate limi OR and give neerest town)	CITY (If outside c	orporate limits, write RURAL	and give nearest to	wn)			
	TOWN La Plata	L	(In this pl	••••	TOWN	enwick		X
E - j	HOSPITAL OR		,		STREET		ive location)	1
willin	INSTITUTION OR STREET ADDRESS Physic	ians Memorial	Hospita	al	ADDRESS			
will	3. NAME OF (F		(Middle)		(Last)	4. DATE (Me	onth) (De)] (Yeer)
ar e f	DECEASED (Type or Print) An	nie B.		3	chuyler	OF DEATH	Dec. 5	ı ⊊ 5
registrar by the f	5. SEX 6. COLOR OF		ED.	8. DATE C		9. AGE lest birthday	I IF UNDER 1 YEA	
ě, č	RACE	WIDOWED, DIV	ORCED.			00	Months Day	s Hours Min.
with the filled in rmit.	Pougale White	(Specify) With	OWEG.		20, 1862 11. BIRTHPLACE (Sield of	93 yrs.		IZEN OF WHAT
£8±	done during most of working	ife, even if OR	INDUSTRY	·		foreign contents.	iz. cc	UNTRY?
≯∰.E	retired) Housewife			<u> </u>	conn.			US
pel y	13. FATHER'S NAME UNK				14. MOTHER'S MAID	EN NAME		
lete nsit								
rrificate be filed with and completely filler burial transit permit.	15. WAS DECEASED EYER IN U. S		SOCIAL SECU	JRITY NO.	Mrs Roy			
fica L rial	(Yas, no, or unk.) (Y Yes, give w	., 0, 00,00, 01 24,7120,	none		6/12 Gil	1 Rd. S.E. W	ash, 22,	De Ce
	I DISEASES OR CONDITIONS DIR	ECTLY LEADING TO DEATH	18. MEC	DICAL CER	TIFICATION			NTERVAL BETWEEN
cian as a			o vascu	100 10	11			12-5-35
sici	904. O IMMEDIATE CAUSE	AUT 70	.U Vasqu	181 00.	TTELINGE			12 0 00
ohy us	ANTECEDENT CAUSE	T man	reriod	of del	oilitation			
# P P	DISEASES OR CONDITIONS, IF A	USE	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	- V 4 G V	Z = 4 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 - 5 -			
the din b	STATING UNDERLYING CAUSE L		actured	hip				11-16-55
v requires that the de the attending physi be detached for use	11 OTHER SIGNIFICANT CONDITION TO THE DEATH BUT NOT RELATE	15 CONTRIBUTING						
de la	DISEASE OR CONDITION CAUSI							
가는 ad	190. DATE OF OPERATION	196. MAJOR FINDINGS	OF OPERATION					20. AUTOPSY 7
و کے	21. ACCIDENT WAS HINDERLYING	3 21b. PLACE (Hom	a form fectors		ie. WHERE DID INJURY O	CCLIR? (City or town)	(County)	(State)
The	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH OF INJURY street	office bldg., etc.	í	Fenwick	con: (ca) or lower	Charles	Md.
7 scul	21d. TIME OF INJURY (Month)	Dey) (Year) (Hour) 21e.		RRED	211. HOW DID INJURY OF	CCUR?	-1102 X 00	mq ş
ਨ × ਵ	Nov.	Whi	ork D et v	while	Patient fell	while tendin	g to sto	78
EC.	22. I hereby certify that				10 to	10	that I last	east the deceased
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has fica	SIGNATURE	, 17 ало	rnar gearn	occurred ar		DDRESS (Street, city, to		OVE. DATE SIGNED
8 10 10 10 10 10 10 10 10 10 10 10 10 10	3 /	× m gale				Plata my		2-6-55
FUNERAL DIRECTOR: The law requires that the death certificate has been executed by the attending physician death certificate assembly should be detached for use as a NISC 1-55 10M	23. BURIAL, CREMATION,	DATE THEREO	NAME OF	EMETERY OR	-	LOCATION (City, to		(Slete)
certii deati A15C	REMOVAL (SPECIFY) Burial	12-6-1955	1	y Oak			y. Maryla	• •
2 SA SY	24. REC'D BY REGISTRAR	REGISTRAR'S SIGNATURE		, Crass	1 25. FUNERAL DIRECTO		ADDR	
- >	11/11/	Julia 74	63			Funeral Home		
	DATE / 04/1/53	Miller It	J-C-20	7				



11895 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: Charles Charles MARYLAND STATE COTINTY CITY (If outside corporate limits write RURAL and give nearest town) CITY (If outside corporate limits, write RURAL LENGTH OF STAY (in this place) OR and give nearest town) Welcome ŤOWN Welcome rural STREET (If rural, give location) ADDRESS rural (First) (Middle) (Last) 4. DATE (Month) (Day) (Year) OF Dec. FMMA SHORT DEATH 7. SINGLE, MARRIED. 8. DATE OF BIRTH: 9. AGE last birthday: 1 IF UNDER 1 YEAR ! IF UNDER 24 HRS. 6. COLOR OR WIDOWED, DIVORCED, RACE: Months Dava Nov. 14 1890 (Special dowed negro 10a. USUAL OCCUPATION (Give kind of 1 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT work done during most of work life, INDUSTRY: COUNTRY? Charles Co. even if retired house work self 14. MOTHER'S MAIDEN NAME: Sarah Johnson John Jordon 15. WAS DECEASED EVER IN U.S. ARMED FORCES ?! 17. INFORMANT & ADDRESS: 16. SOCIAL SECURITY No.: (Yes, no, or unk.) | (If Yes, give war or dates of William Jordon, Hill Top, service) no 18. MEDICAL CERTIFICATION-INTERVAL BETWEEN I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: celysion ONSET AND DEATH Immediate cause (a)..... DUE TO Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause DUE TO stating underlying cause last DISEASE OR CONDITION CAUSING DEATH. 20. AUTOPSY? Yes | No | OF street, office bldg., etc., INJURY 21c. (City or town) (State) 21a. EXTERNAL CAUSE WAS 21b. PLACE (Home, farm, factory, (County)

IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE

19a. DATE OF OPERATION: | 19b. MAJOR FINDING OF OPERATION:

PRIMARY or CONTRIBUTING CAUSE OF DEATH. 21d. TIME (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED Not while

at work 22. I hereby coolify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry 17, and

find that ceath residted from: Natural causes T. Accident T. Suicide T. Homicide T.

DATE THEREOF Dec. 4 1955

NAME OF CEMETERY OR CREMATORY

Undetermined cause []. CHIEF MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER ASSISTANT MEDICAL EXAM.

21f. HOW DID INJURY OCCUR!

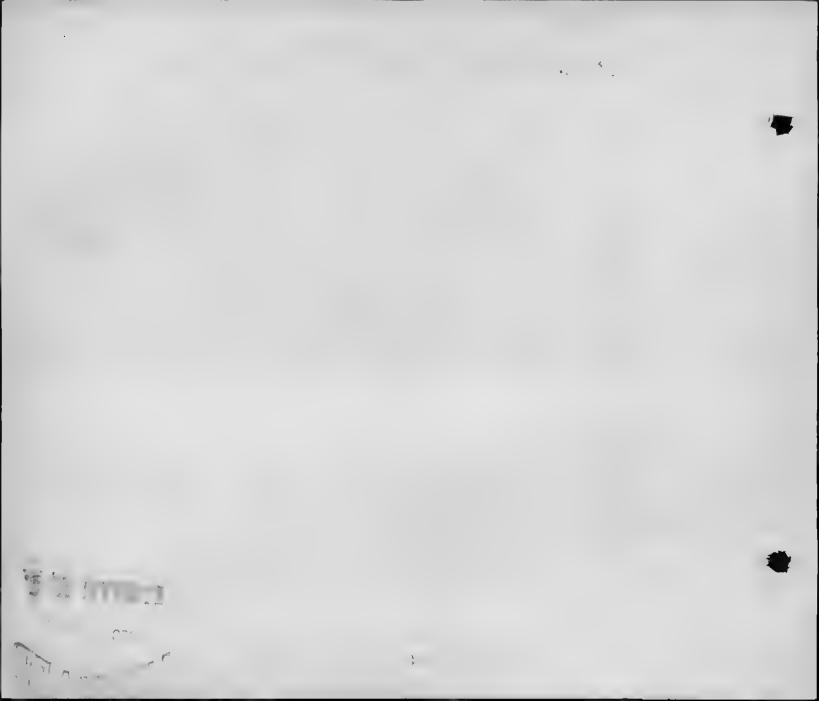
LOCATION (City, town, or county)

DATE SIGNED

7ion Baptist Welcome. Cemetery 24. FUNERAL DIRECTOR

ADDRESS Huntt Funeral Home Waldorf.

REGISTRAR'S SIGNATURE



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MARYLAND STATE DEPARTMENT		11892
11896 CERTIFICATI	Reg. Dist	No. 100
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASE	0
COUNTY (MARYLAND	STATE MILL COUNTY CLL	orles.
CITY (If outside corporate limits, write RURAL OR and give negotis town) (In this place)	OR 11 ////	rest fown)
1 Set allow	TOWN Bel altor	2
HOSPITAL OR "INSTITUTION OR OD STREET ADDRESS	STREET (If rurel give location) ADDRESS	
3. NAME OF DECEASED (Figure) (Middle) (Middle) (Type or Print)	(Lest) (Lest) 4. DATE (Month) OF DEATE	(Dey) (Yeer
S. SEX 6. COLOR OR 7. SINGLE, MARRIED, B. DATE C	F BIRTH 9. AGE lest birthdey IF UNDER	
RACE WIDOWED, DIVORCED, (Specify)	On 4, 1909 4 6 yrs. Months	Days Hours
10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11 BIRTAPLACE (Siete of foreign country) 12	
done during most of working life? even if retired of Day 100 and D	March	COUNTRY?
13. FATHER'S NAME	14. MOJHER'S MAIDEN NAME	- U - C.
Diser Willel	Service late 0000	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. NFORMANT & ADDRESS	
· (Yes, ng, or unk.) (If Yes, give wer or dates of service) 2/4-12-715	4 Johns C. Estal	26
18. MEDICAL CER	TIFICATION,	INTERVAL BETY
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	8 // 1	ONSET AND DE
443 X IMMEDIATE CAUSE (A) (IN 12 N	Hanonk regy	
ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	Time Carelle Iteration	L
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	10	
STATING UNDERLYING CAUSE LAST. (C)	Lusease	
IS OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	Churis	
190. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPS
216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, ferm, fectory,	24. WHERE DID INTERPY OCCUPATION	YES NO
21e. ACCIDENT WAS UNDERLYING ☐ 21b. PLACE (Home, ferm, fectory, OR CONTRIBUTING ☐ CAUSE OF DEATH OF INJURY street, office bidg., etc.) [If EITHER, NOTIFY MEDICAL EXAMINER]	21c. WHERE DID INJURY OCCUR? (City or town) (Coun	ity) (Stato)
21d, TIME OF INJURY (Month) (Day) (Year) (Hour) 21e, INJURY OCCURRED	21f. HOW DID INJURY OCCUR?	
M. et work det work		
22. I hereby certify that I attended the deceased from	195J, to /2 -7, 195J, that I	last saw the de
alive on 11/30, 19. Sull and that death occurred at		
SIGNATURE	ADDRESS (Street, city, town, slete)	DATE SI
William King M.D.	Ral-lata	12/8
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City, town, or county) / (s
12-10-55 Hood /	tope Mewhen	el linn
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	29 TUNERAL DIRECTOR'S SIGNATURE	ODRESS
	116 11 4 7 011 04	and Alast
DATE /2/10/51 Julia Tolkasen	Weeker Tenna Four	1

TO ATTENDING PHYSICIAN OR HOSPITAL The Law requires that the leath entified be executed within 24 hours after death.

JFC .

FUNERAL DIRECTOR:

has

certificate

The bottom copy may

21d. TIME OF INJURY

this

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

(Year)

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN

ONSET AND DEATH

20. AUTOPSY? NO

(Stele)

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

(County)

After ö CERTIFICATE OF DEATH death. 11897 affer I. PLACE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED COUNTY hours COUNTY MARYLAND (If outside corporete limits, write RURAL LENGTH OF STAY (If outside corporate fimits, write RURAL and give nearest town) director, and-give nearest fown) (in this piece) TOWN TOWN 72 HOSPITAL OR STREET (if rural giva location) INSTITUTION OR ADDRESS within STREET ADDRESS NAME OF (First) (Middle) (Last) 4. DATE (Month) registrar by the f DECEASED Susan (Type or Print) COLOR OR STRICLE, MARRIED. 9. AGE lest birthday DATE OF BIRTH WIDOWED, DIVORGED, Female (Specify) YIS. .5 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS BIRTHPLACE (Stella or foreign country) done during most of working life, aven if # je OR INDUSTRY over wis 13. FATHER'S NAME MOTHER'S MAIDEN NAME completely certificate be physician. WAS DECEASED EYER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT & ADDRESS (If Yas, give war or dates of service) pue 18. MEDICAL CERTIFICATION be retained by the hospital or attending I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH physician death IMMEDIATE CAUSE use DUE TO ANTECEDENT CAUSE(S) The law requires that the ted by the attending ph DISEASES OR CONDITIONS, IF ANY, detached for GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO ascular Charges II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19b. MAJOR FINDINGS OF OPERATION death certificate assembly should be A15C 1-55 10M 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21b. PLACE (Home, farm, factory, 21c. WHERE DID INJURY OCCUR? (City or town) executed OF INJURY streat, office bldg., atc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)

(Month) (Day) (Year) (Hour)

at work 22. I hereby certify that I attended the deceased from Januar, 1955 and that death occurred at (2.10 P. M. from the causes and on the date stated above DATE SIGNED

21f. HOW DID INJURY OCCUR?

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BURIAL, CREMATION, DATE THEREOP NAME OF CEMETERY OR CREMATORY (State) LOCATION (City, town, or county) REMOVAL (SPECIFY) 24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE ADDRESS 25. FUNERAL DIRECTOR'S SIGNATURE

21e. INJURY OCCURRED

Not while

While

SERVISION OF DEATH

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2010

THE RESERVE OF THE PARTY OF THE

Frank Strong Landers

A15C 1-55 10M

VS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12580

11898 CERTIFICATE OF DEATH

Items 1 2. FilmG191 1-21-56 et	Reg. Dist. No.
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY (MAYLED MARYLAND	STATE Med COUNTY Che Ver.
CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and give neerest town) (In this prace)	CITY (If outside corporate limits, write RURAL and give neerest town) OR
X TOWN La Plata	TOWN La Plata
HOSPITAL OR INSTITUTION OR	STREET (If zurel give (ocetion) ADDRESS
STREET ADDRESS R.F.D.	R.F.B.
3. NAME OF (First) (Middle) (Middle) (Type or Print)	(Lest) 4. DATE (Month) (Day) (Yaar) OF DEATH / Z Z 7 19.5.5
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED. 8. DATE O	
Lengele White (Specify) Money More	230, 1884 7/ yrs. Months Days Hours Min.
done during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
rotired) H. W	maryland U.Sa
13. FATHER'S NAME THE M. DOOL.	14. MOTHER'S MAJOEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS
(Yes, no, or unk.) (If Yes, give wer or detes of service)	Trougis 4 1 71/1 Och Rugors
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ANTECEDENT CAUSE(S) DUE TO	
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19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
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22. I hereby certify that I attended the deceased from	19 to 12-7 7 19/17 that I last saw the deceased
SIGNATURE	ADDRESS (Street city boyn, state) DATE BIGNED
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23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY, OR	CREMATORY LOCATION (City, Igwn, or county) (State)
Ducal 12/30/55 Hood A	tope Hewoung and
24. REC'D BY REGISTRAR PEGISTRAR'S SIGNATURE	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE 1-2-56 Julia Attasen	Ulikas Tunud House Loplata
	Imai

CERTIFICATE OF DEATH

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BUREAU V. S.

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